



## Licking County Transit Board Title VI Complaint Form

### **SECTION I:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Telephone (Work): \_\_\_\_\_

Electronic Mail Address: \_\_\_\_\_

Accessible Format Requirements? ☐ **Large Print** ☐ **TDD** ☐ **Audio Tape** ☐ **Other**

### **SECTION II:**

Are you filing this complaint on your own behalf? ☐ **Yes** ☐ **No**

If you answered "yes" to this question, go to Section III.

If you answered "no" to this question, please supply the name and relationship of the person for whom you are complaining: \_\_\_\_\_

Please explain why you have filed for a third party: \_\_\_\_\_

\_\_\_\_\_

Please confirm that you have obtained the permission of the aggrieved party if you are filing on behalf of a third party. ☐ **Yes** ☐ **No**

### **SECTION III:**

I believe the discrimination that I experienced was based on (check all that apply):

☐ **Race** ☐ **Color** ☐ **National Origin**

Date of Alleged Discrimination (month, day, year): \_\_\_\_\_

Explain as clearly as possible what happened and how you were discriminated against. Indicate who was involved. Be sure to include the names and contact information of any witnesses. If more space is needed, please use the back of the form or use additional sheets.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION IV:**

Have you previously filed a Title VI complaint with this agency? ☐ Yes ☐ No

**SECTION V:**

Have you filed this complaint with any other Federal, State, or local agency, or with any Federal or State court? ☐ Yes ☐ No

If yes, check all that apply:

☐ **Federal Agency:** \_\_\_\_\_ ☐ **Federal Court:** \_\_\_\_\_  
☐ **State Agency:** \_\_\_\_\_ ☐ **State Court:** \_\_\_\_\_  
☐ **Local Agency:** \_\_\_\_\_ ☐ **Local Court:** \_\_\_\_\_

Please provide information about a contact person at the agency/court where the complaint was filed.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION VI:**

Name of agency complaint is against: \_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION VII:**

You may attach any written materials or other information that you think is relevant to your complaint.

Signature and date required below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit this form in person at the address below or mail this form to:

Cathleen Sheets, Title VI Coordinator

745 E Main St, Newark, OH 43055

Use of this form is encouraged, but not required in order to submit a written complaint.